

YOUTH SUMMER CAMP CAMPER INFORMATION SHEET



CAMPER INFORMATION:

Download PDF to use fillable option or print and fill out.

Name:

Last Name First Name MI

Address:

Parent(s)/Guardian Names

Address (if different from child):

Email Address:

Best Contact Number:

MOBILE HOME WORK

EMERGENCY CONTACT INFORMATION

Who should we call in case of emergency or incident? We will contact in the order listed until we reach someone.

Name: Phone Number: Relationship

RELEASE AND DISMISSAL INFORMATION

We will release child(ren) to the parents/guardians listed on this form. If there is someone you DO NOT WISH to pick up your child please list them here:

We understand that there will be times you can't pick up your child. If someone other than those parents/guardians listed on this form will be picking up your child(ren), you must provide a written note or email to the camp supervisors by noon that day.

MEDICAL INFORMATION

Allergies:

Medical Conditions we should be aware of :

Medication Administration: This information is necessary for any camper to possess or use prescribed or non-prescription medication during camp. Please contact the supervisors at twinsburgysc@twinsburg.oh.us to obtain the proper form.

ADDITIONAL INFORMATION

Is there anything additional we should know about your child:

Staff will reach out if there are any additional questions. Note: Our camp may not be able to accommodate all requests as we don't provide one on one staffing.

I, the legal guardian of the participant in the Youth Summer Camp sponsored by the City of Twinsburg, am aware that there are certain risks of injury involved in any activity. Bearing in mind and with full knowledge of the physical capabilities or limitations of my child, I hereby agree to assume for my child such risk of injury. I further agree to indemnify and hold harmless the City of Twinsburg, their administrators, employees or agents against any claim in for injury to persons or property which may result from my child's participation in this activity. I further agree that my child will abide by the rules and supervision of the City of Twinsburg. My signature gives permission for images of my child to be used for newspapers, grant proposals, official websites, etc. I may rescind my permission at any time. No compensation will be given. This information is an official document of the City of Twinsburg. Falsification thereon may subject the applicant to civil or criminal penalties, which may include fines and/or forfeiture of fees. **By signing below, I give my permission for my child(ren) to attend ALL field trips and special activities listed on the camp website and parent handbook.**

Parent/Guardian Signature: _____

Date: _____